

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 - 3 3

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 9, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Part 1 Pages 113(b), 113(b)(1)

7. FEDERAL BUDGET IMPACT:

a. FFY 1998-1999 \$ 9,000,000b. FFY 1999-2000 \$ 9,000,0009. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-A Part 1 Pages 113(b), 113(b)(1)

10. SUBJECT OF AMENDMENT:

Inpatient Hospital Services (SLIPA)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 30, 1999

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

17. DATE OF RECEIPT:

19. EFFECTIVE DATE OF APPROVAL:

SEP 9 1999

21. TYPED NAME:

Sue Kelly

23. REMARKS:

New York
113(b)

86-1.52 (9/99)
Attachment 4.19A
Part I

program. Any remaining amount not allocated by March 31, 1996 according to this subparagraph shall be allocated according to clause (c) of subparagraph (ii) of this subdivision.

(iv) Allocations pursuant to this subdivision shall be based on general hospital classifications as of April 1, 1995.

(6)(i) For the period July 1, 1996 through March 31, 1997, the Commissioner shall increase rates of payment, in the aggregate by an amount not to exceed forty-five million dollars for those voluntary non-profit and private proprietary hospitals which qualify for distributions pursuant to paragraph (5) of this subdivision during the period July 1, 1995 through June 30, 1996. Rate adjustments pursuant to this subparagraph shall be allocated among qualifying general hospitals based on each hospital's estimated proportionate share of total funds allocated pursuant to paragraph (5) in effect July 1, 1995 through June 30, 1996.

[6(a)(1)] (ii) For the period September 1, 1997 - March 31, 1998, and April 1, 1998 through March 31, 1999 the Commissioner shall increase rates of payment for patients eligible for payments made by state governmental agencies by an amount not to exceed forty-eight million dollars in the aggregate for each such rate period, allocated among those voluntary non-profit and private proprietary hospitals which qualify for distributions pursuant to paragraph (5) of this subdivision during the period July 1, 1995 through June 30, 1996. Rate adjustments pursuant to this subparagraph shall be allocated among qualifying general hospitals based on each hospital's estimated proportionate share of total funds allocated pursuant to this paragraph in effect July 1, 1995 through June 30, 1996.

(iii) For the period September 9, 1999 through March 31, 2000, the Commissioner shall increase rates of payment for patients eligible for payments made by state governmental agencies by an amount not to exceed thirty-six million dollars in the aggregate. Such amount shall be allocated among those voluntary non-profit and private proprietary general hospitals which continue to provide inpatient services as of July 1, 1999 under a previous or new name and which qualified for rate adjustments pursuant to paragraph (5) of this subdivision as in effect for the period July 1, 1995 through June 30, 1996 proportionally based on each such general hospital's proportional share of total funds allocated pursuant to paragraph (5) of this subdivision as in effect for the period July 1, 1995 through June 30, 1996, provided however, that amounts allocable to previously but no longer qualified hospitals shall be proportionally reallocated to the remaining qualified hospitals. The rate adjustments calculated in accordance with this subparagraph shall be subject to retrospective reconciliation to ensure that each hospital receives in the aggregate its proportionate share of the full allocation, to the extent allowable under federal law, provided however that the department shall not be required to reconcile payments made pursuant to this section applicable to periods prior to September 1, 1997.

(b) Exempt hospitals and units. Payments to hospitals for acute care services that are exempt from DRG case-based payment rates shall be established pursuant to section 86-1.57 of this Subpart. The hospital specific costs identified in subparagraph (a)(1)(ii) of this section shall be apportioned to the exempt unit operating per diem based on the data provided by the hospital. These payments shall include a health care services allowance of .614 percent for rate year 1994 and .637 percent for the period January 1, 1995 through June 30, 1995 of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the

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trend factor described in section 86-1.58.

(1) For the period April 1, 1995 through December 31, 1995, a health care services allowance of 1.42 percent of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58.

(2) For the period January 1, 1996 through March 31, 1997, a health care services allowance of 1.09 percent of the hospitals non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58.

(c) Alternative level of care payments. Hospitals providing alternative level of care services as defined in section 86-1.50 of this Subpart shall be reimbursed for this care pursuant to the provisions of section 86-1.56 of this Subpart.

(1) A health care services allowance of .614 percent for rate year 1994 and .637 percent for the period January 1, 1995 through June 30, 1995 of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58;

(2) For the period July 1, 1995 through December 31, 1995, a health care services allowances of 1.42 percent of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58; and

(3) For the period January 1, 1996 through March 31, 1997, a health care services allowances of 1.09 percent of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in 86-1.58.

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